



\$10.00 Non-Refundable Fee

State of Washington  
Application for a Water Right

RECEIVED

JUN 14 2001

DEPT OF ECOLOGY

Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use

Fee Paid \$10.00

Date 6/14/01

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name SALLAL WATER ASSOCIATION Home Tel: ( ) -  
Mailing Address P.O. Box 378 Work Tel: (425) 888 - 3650  
City NORTH BEND State WA Zip+4 98045 + FAX: (425) 888 - 5392

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name JOAN BOTTEN Home Tel: ( ) -  
Mailing Address P.O. Box 378 Work Tel: (425) 888 - 3650  
City NORTH BEND State WA Zip+4 98045 + FAX: (425) 888 - 5392  
Relationship to applicant MANAGER - SALLAL WATER ASSOCIATION

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than existing Qi of 1600gpm is Adequate (☒ gallons per minute or  
☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the purpose(s)  
of domestic/public municipal water supply - Area served by SALLAL WATER ASSOCIATION. ATTACH A "LEGAL"  
DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not  
sufficient.

Estimate a maximum annual quantity to be used in acre-foot per year: 326 Acre Feet

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

FEE PAID 6/14/01

Section 4. WATER SOURCE

| If SURFACE WATER  |           |           |           |             |             | If GROUNDWATER   |       |             |
|---|-----------|-----------|-----------|-------------|-------------|--|-------|-------------|
| Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:  |           |           |           |             |             | A permit is desired for <u>2 existing</u> well(s).<br><u>Additional Q2 of 326 Acre Feet of Water for existing wells with Adequate installed pump Capacity.</u> |       |             |
| Number of diversions: _____   |           |           |           |             |             |  |       |             |
| Source flows into (name of body of water):  |           |           |           |             |             | Size & depth of well(s):<br><u>SALLAL WELL 01 - 12" / 8" casing; 305'</u><br><u>SALLAL WELL 02 - 16" casing; 173'</u>  |       |             |
| LOCATION  |           |           |           |             |             |  |       |             |
| Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:<br><u>SEE Attached map for location of wells</u> |           |           |           |             |             |  |       |             |
| 1/4 of  | 1/4 of    | Section   | Township  | Range (E/W) | County      | If location of source is platted, complete below:  |       |             |
|   |           |           |           |             |             | Lot  | Block | Subdivision |
| <u>SW</u>   | <u>NE</u> | <u>34</u> | <u>23</u> | <u>8E</u>   | <u>King</u> |  |       |             |
| <u>SW</u>   | <u>NE</u> | <u>34</u> | <u>23</u> | <u>8E</u>   | <u>King</u> |  |       |             |
| For Ecology Use Date Received: <u>6/14/01</u> Priority Date: <u>6/14/01</u>   |           |           |           |             |             |  |       |             |
| SEPA: <u>Exempt</u> Not Exempt FERC License # _____ Dept. Of Health # _____   |           |           |           |             |             |  |       |             |
| Date Accepted As Complete <u>6/14/01</u> By <u>DB</u> Date Returned _____ By _____ WRIA: _____  |           |           |           |             |             |  |       |             |



## Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: SALLAL WATER ASSOCIATION
- B. Briefly describe your proposed water system. (See instructions.)  
THE Application is for Additional Q2 for two installed domestic supply wells with Existing Water Rights. THE currently righted Q1 of 1600 gpm (for both wells) is Adequate - Additional Q2 is Needed to meet demand within Approved SALLAL WATER ASSOCIATION Service Area. SALLAL WATER ASSOCIATION is an Approved Group A Water System Serving an Approved Service Area Near North Bend, Washington.
- C. Do you already have any water rights or claims associated with this property or system? ☒ YES ☐ NO  
PROVIDE DOCUMENTATION. WELLS 01 & 02 - Water Right G1-24671 C  
Q1=1600 gpm Q2 = 696 ac ft.

## Section 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: SALLAL currently serves approximately 1294 connections (SALLAL) and 637 connections (Wilderness Rim) Type of connection \_\_\_\_\_  
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? - SALLAL is an Approved Water System ☐ YES ☐ NO  
If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department. THE objective is to obtain Adequate Water to serve SALLAL Service Area so that Additional Private Wells will not be required.
- Complete C. and D. only if the proposed water system will have fifteen or more connections.
- C. Do you have a current water system plan approved by the Washington State Department of Health? - A New WSP was submitted in June 2001 ☒ YES ☐ NO  
If yes, when was it approved? \_\_\_\_\_ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? - Conservation Plans (Part of WSP) submitted 5/2001 ☐ YES ☒ NO  
If yes, when was it approved? \_\_\_\_\_ Please attach the current approved version of your plan.

## Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Completed for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: \_\_\_\_\_
- B. List total number of acres for other specified agricultural uses:  
Use \_\_\_\_\_ Acres \_\_\_\_\_  
Use \_\_\_\_\_ Acres \_\_\_\_\_  
Use \_\_\_\_\_ Acres \_\_\_\_\_
- C. Total number of acres to be covered by this application: \_\_\_\_\_
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)  
Add up the acreage in which you have a controlling interest, including only:  
‡ Acreage irrigated under water rights acquired after December 8, 1977;  
‡ Acreage proposed to be irrigated under this application;  
‡ Acreage proposed to be irrigated under other pending application(s).
1. Is the combined acreage greater than 2000 acres? ☐ YES ☐ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO  
If yes, enter permit no.: \_\_\_\_\_
- E. Farm uses:  
Stockwater - Total # of animals \_\_\_\_\_ Animal Type \_\_\_\_\_ (If dairy cattle, see below)  
Dairy - # Milking \_\_\_\_\_ # Non-milking \_\_\_\_\_



## Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES ☒ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

## Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

THE TWO EXISTING SALAL PRODUCTION WELLS ARE LOCATED JUST INSIDE THE BOUNDARY OF PROPERTY OWNED BY SEATTLE PUBLIC UTILITIES AS PART OF THE CEDAR RIVER WATERSHED. FROM THE CITY OF NORTH BEND - PROCEED EAST ON I-90 TO CEDAR FALLS RD EXIT - TURN RT. AND PROCEED STOWARD WATERSHED; THE ROAD TO THE WELLS IS THE LAST ROAD (DIRT/GRAVEL) ON THE RIGHT BEFORE RATTLESNACK LAKE PARK. THERE IS A LOCKED GATE ACROSS ROAD AND ACCESS IS CONTROLLED - CALL FOR PERMISSION TO ENTER.

## Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Map showing SALAL Service Area boundary and location of existing wells is attached.

## Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used?

☐ YES ☒ NO

If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

DOMESTIC / PUBLIC WATER SUPPLY SERVING APPROVED SERVICE AREA PER  
EAST KING COUNTY COORDINATED WATER SYSTEM PLAN.

B. Does the applicant own the land on which the water source is located?

☐ YES ☒ NO

If no, submit a copy of agreement:

THE WELLS ARE LOCATED ON PROPERTY OWNED BY THE CITY OF SEATTLE (SEATTLE PUBLIC UTILITIES).

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Jean L. Botton

Applicant (or authorized representative)

June 6, 2001

Date

SAME

Landowner for place of use (if same as applicant, write "same")

Date



Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

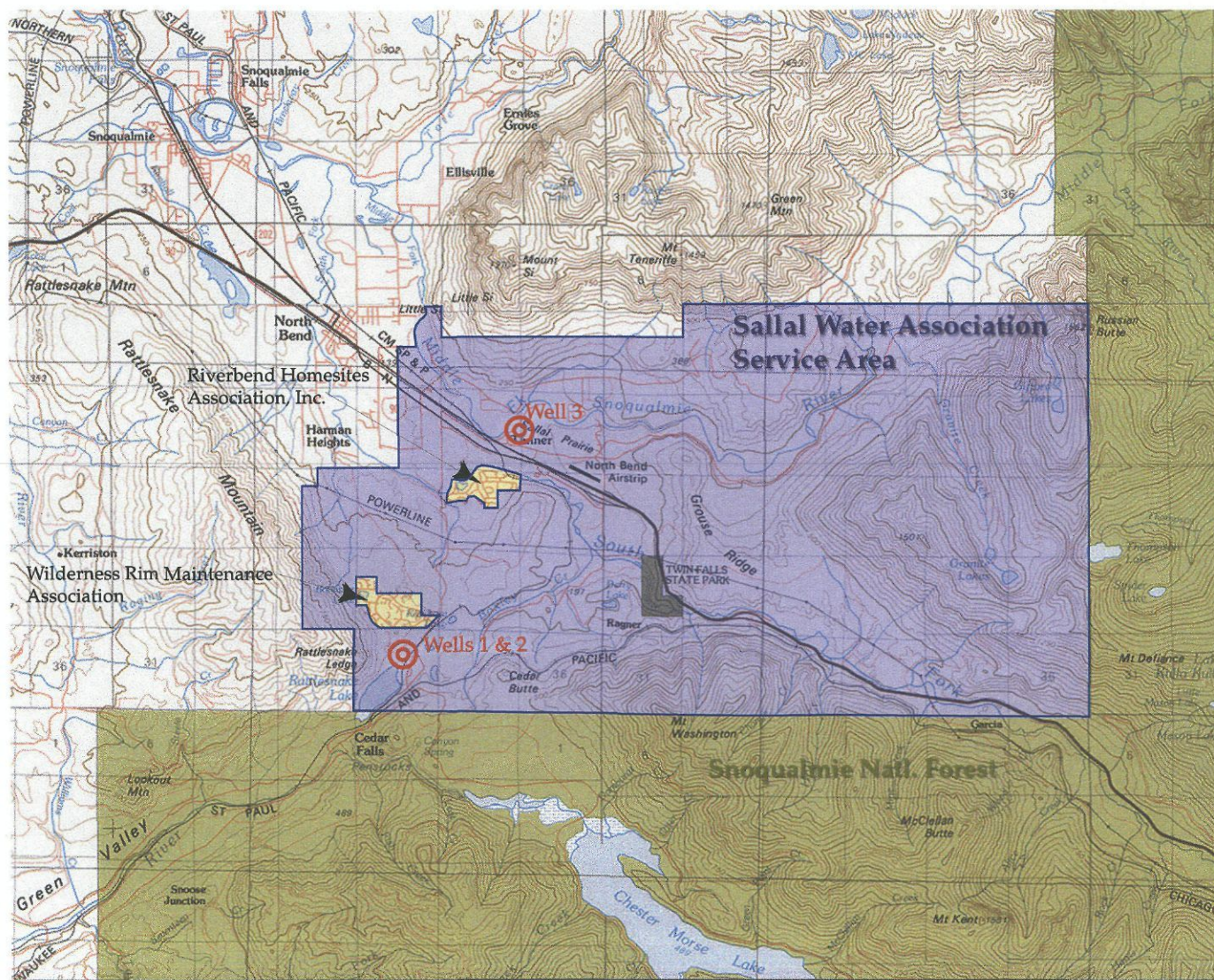
|   |  |
|---|--|
| We are returning your application for the following reason(s):  |  |
| _____ Examination fee was not enclosed  | APPLICANT PLEASE<br>RETURN TO CASHIER,<br>PO BOX 5128, LACEY, WA<br>98509-5128 |
| _____ Section number(s) _____ is/are<br>incomplete  | APPLICANT PLEASE<br>RETURN TO THE<br>APPROPRIATE REGIONAL<br>OFFICE            |
| Explanation:  |  |
| Please provide the additional information requested above and return your application by _____<br>_____ (date). |  |

Ecology staff \_\_\_\_\_ Date \_\_\_\_\_

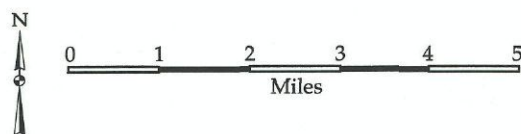
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To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).





from 1:63,360, 15-minute quadrangle sheet



## Legend

- Sallal Water Association Service Area
- Water Systems within Sallal Water Association Service Area (Riverbend and Wilderness Rim)

## Production Well

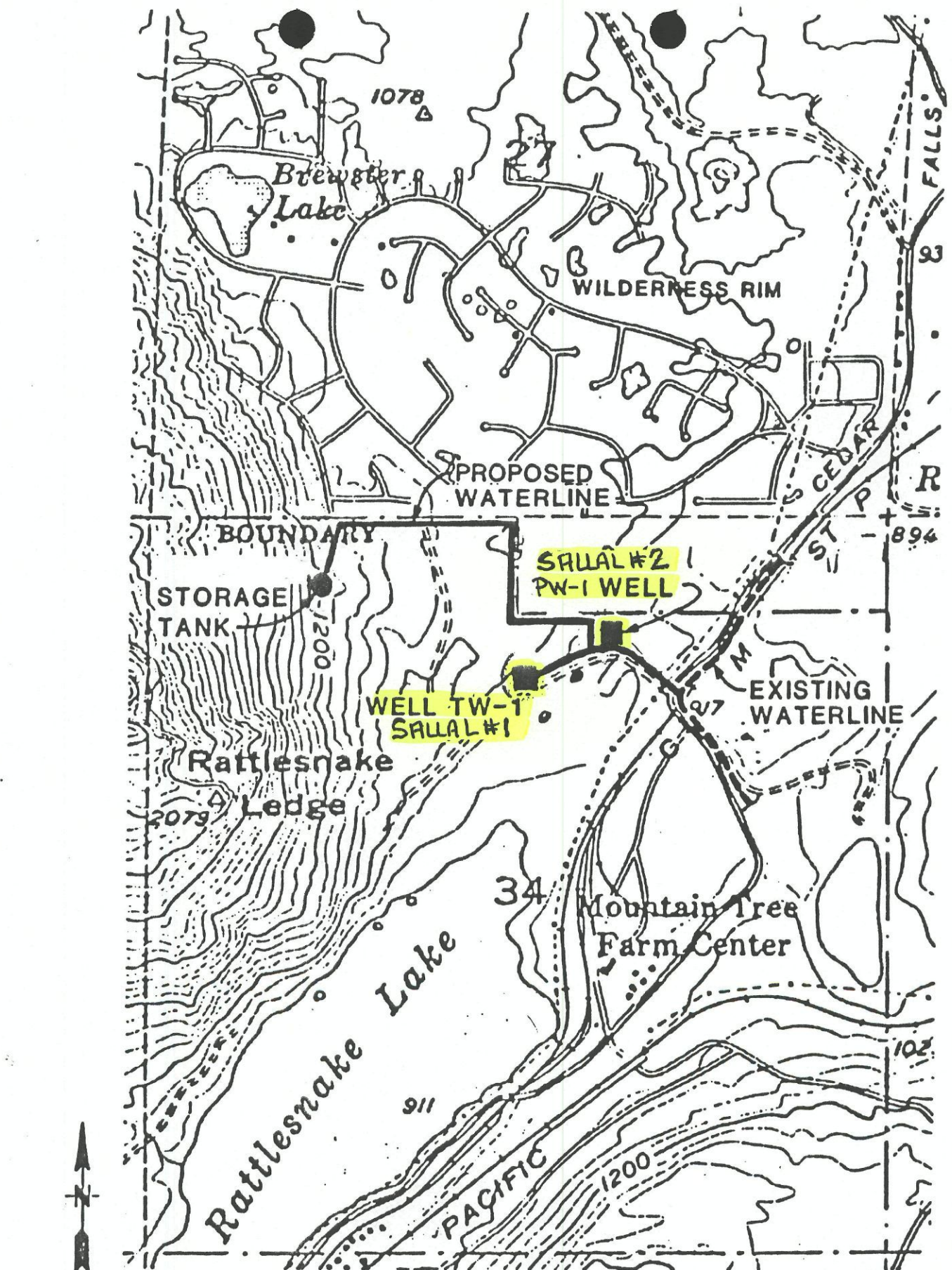
| Well # | Name        |
|--------|-------------|
| 1 & 2  | Rattlesnake |
| 3      | Edgewick    |

Figure 2-2  
Sallal Water Association  
Service Area Boundary  
and Wells

Sallal Water Association  
September 2, 1998







SCALE: 1" = 1,000'